

Please print or type in the unshaded areas only.

FORM  
**2F**  
NPDES



# **Application for Permit to Discharge Storm Water Discharges Associated with Industrial Activity**

### **Paperwork Reduction Act Notice**

Public reporting burden for this application is estimated to average 28.6 hours per application, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate, any other aspect of this collection of information, or suggestions for improving this form, including suggestions which may increase or reduce this burden to: Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 1200 Pennsylvania Avenue, NW, Washington, DC 20460, or Director, Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

## I. Outfall Location

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

## **II. Improvements**

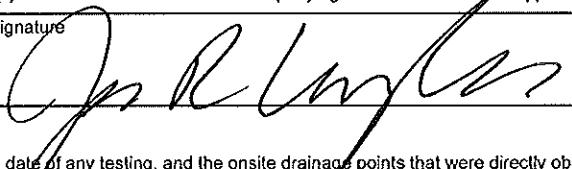
- A. Are you now required by any Federal, State, or local authority to meet any implementation schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

B: You may attach additional sheets describing any additional water pollution (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

### **III. Site Drainage Map**

Attach a site map showing topography (or indicating the outline of drainage areas served by the outfalls(s) covered in the application if a topographic map is unavailable) depicting the facility including: each of its intake and discharge structures; the drainage area of each storm water outfall; paved areas and buildings within the drainage area of each storm water outfall, each known past or present areas used for outdoor storage or disposal of significant materials, each existing structural control measure to reduce pollutants in storm water runoff, materials loading and access areas, areas where pesticides, herbicides, soil conditioners and fertilizers are applied; each of its hazardous waste treatment, storage or disposal units (including each area not required to have a RCRA permit which is used for accumulating hazardous waste under 40 CFR 262.34); each well where fluids from the facility are injected underground; springs, and other surface water bodies which received storm water discharges from the facility.

Continued from the Front

IV. Narrative Description of Pollutant Sources					
A. For each outfall, provide an estimate of the area (include units) of impervious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.					
Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)	Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)
003 004 007	1 Acre 1 Acre 27 Acres	1 Acre 1 Acre 34 Acres			
B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed to minimize contact by these materials with storm water runoff; materials loading and access areas, and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.					
See attachment "VPDES Permit Outfall Description"					
C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.					
Outfall Number	Treatment			List Codes from Table 2F-1	
003 004 007	Please Refer to 007 Outfall Description Normal Flow treated and discharged at 001			4A 4A 1U, 3G, 4A	
V. Nonstormwater Discharges					
A. I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of nonstormwater discharges, and that all nonstormwater discharged from these outfall(s) are identified in either an accompanying Form 2C or Form 2E application for the outfall.					
Name and Official Title (type or print)	Signature		Date Signed		
Joe Campbell, Director of Operations			12/30/10		
B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.					
Visual Observation quarterly of 003, 004 and 007 outfalls Yearly Sampling and analysis as required by VPDES Permit. 2010's DMR's are enclosed (Copies from EDMR system) No flow from 007 during all quarterly checks.					
VI. Significant Leaks or Spills					
Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.					
None					

Continued from Page 2

EPA ID Number (copy from Item 1 of Form 1)  
VA0003808

#### VII. Discharge Information

A, B, C, & D: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided.  
Table VII-A, VII-B, VII-C are included on separate sheets numbers VII-1 and VII-2.

E. Potential discharges not covered by analysis – is any toxic pollutant listed in table 2F-2, 2F-3, or 2F-4, a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

Yes (list all such pollutants below)

No (go to Section IX)

#### VIII. Biological Toxicity Testing Data

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

Yes (list all such pollutants below)

No (go to Section IX)

#### IX. Contract Analysis Information

Were any of the analyses reported in Item VII performed by a contract laboratory or consulting firm?

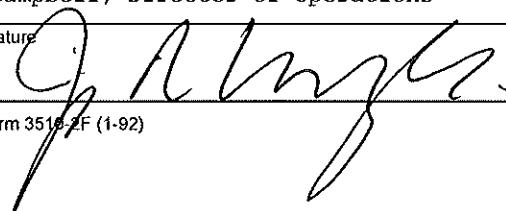
Yes (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)

No (go to Section X)

A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed
Universal Laboratories	20 Research Dr, Hampton Va 23666	800-695-2162	TKN, Total Phosphorus, Oil and Grease.

#### X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name & Official Title (Type Or Print)	B. Area Code and Phone No.
Joe Campbell, Director of Operations	(757) 787-5314
C. Signature 	D. Date Signed 12/30/10

**VII. Discharge Information (Continued from page 3 of Form 2F)**

Part A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		
Oil and Grease		N/A				
Biological Oxygen Demand (BOD5)						
Chemical Oxygen Demand (COD)						
Total Suspended Solids (TSS)						
Total Nitrogen						
Total Phosphorus						
pH	Minimum	Maximum	Minimum	Maximum		

**Part B –** List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

Continued from the Front

Part C - List each pollutant shown in Table 2F-2, 2F-3, and 2F-4 that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall.

**Part D –** Provide data for the storm event(s) which resulted in the maximum values for the flow weighted composite sample.

1. Date of Storm Event	2. Duration of Storm Event (in minutes)	3. Total rainfall during storm event (in inches)	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum flow rate during rain event (gallons/minute or specify units)	6. Total flow from rain event (gallons or specify units)

7. Provide a description of the method of flow measurement or estimate.

## VPDES Permitted Outfall Descriptions

Outfall No. 001 - This discharges the effluent from the wastewater treatment plant which includes biologically treated water from the Vegetated Storm Water Lagoon from Drainage area 1.

Outfall No. 002 - Is an alternative discharge point for Outfall 001. There has been no discharge during the last 5 years.

Outfall No. 003 –Stormwater runoff from the southwest end of the employee parking lot Drainage Area 3. Formerly this area had traffic from debone tractor-trailer trucks, but now is only used for employee and visitor parking. This discharge drains toward Route 13 and into Parker Creek.

Outfall No. 004 – Stormwater runoff from the Southeast end of the employee parking lot and some of the processing building roof drains, Drainage Area 4. Tractor-trailer trucks from the deboned meat area pass through this area. This discharge drains toward Route 13 and into Parker Creek.

Outfall No. 007 – This outfall consists of the overflow pipe from the vegetated stormwater lagoon, which is a 2,000,000 gallon holding lagoon. Most all stormwater from the plants industrial areas including the processing and rendering plants, paved areas for truck and trailer parking, garage area is routed to this lagoon. Includes all of the areas that feature an exposure to significant raw material. This lagoon is designed to hold a 100 year storm. The stormwater that flows into the stormwater lagoon is pumped to the complexs #1 plant site liftstation which also receives all other wastewater from the processing plant and rendering plant. which is then pumped to the head of the facilities Wastewater treatment plant and is treated in the treatment plant then the effluent is discharged to outfall 001. The stormwater lagoon is large enough that the precipitation from most all storm events may be contained entirely. However in the event that the stormwater lagoon overflows, outfall 007 would be the point of discharge of the overflow waters into Parker creek.

### Old Stormwater outfalls no longer permitted.

Outfall No. 005 – 006 these outfalls consists of stormwater runoff from agricultural fields that discharge into Parker Creek.

Outfall No. 008 – This outfall is for drainage area 8 which consists of stormwater runoff from the abandoned sludge drying bed area and surrounding wooded area.

Outfall No. 009 Stormwater runoff from agricultural fields. The drainage from this area flows into an unnamed tributary that flows into Folly Creek.

## POTENTIAL POLLUTANT SOURCES

OUTFALL	MATERIAL/ACTIVITY
003	<ul style="list-style-type: none"><li>• Employee Parking</li></ul>
004	<ul style="list-style-type: none"><li>• Employee Parking</li><li>• Processing Plant Roof Drains</li></ul>
005 (non- permitted)	<ul style="list-style-type: none"><li>• Wellness Center</li><li>• Wellness Center Parking</li></ul>
007 Stormwater pumped to wastewater treatment plant and treated.	<ul style="list-style-type: none"><li>• Impervious truck parking areas</li><li>• Employee parking areas</li><li>• Processing plant receiving</li><li>• Rendering plant</li><li>• Recycle area</li><li>• Rendering plant trailer parking lot runoff</li><li>• Rendering and processing plant oil storage</li><li>• Bulk chemical storage</li></ul>

### Outfall 007 Description.

This outfall consists of the overflow pipe from the vegetated stormwater lagoon, which is a 2,000,000 gallon holding lagoon.

Most all stormwater from the plants industrial areas including the processing and rendering plants, paved areas for truck and trailer parking, garage area is routed to this lagoon. Includes all of the areas that feature an exposure to significant raw material, manure, feathers and offal. Also drippings from refrigerated box trailers loaded with final product are also likely to flow into the stormwater lagoon. There is also a chance that No. 6 and No.2 fuel oil, waste oil, diesel fuel and animal fat could flow into this lagoon.

If needed the stormwater lagoon can be cleaned via vacuum truck if any of the aforementioned items make it into the lagoon before the water is pumped to the facilities on site wastewater treatment plant.

The stormwater lagoon is designed to hold a 100 year storm.

The stormwater that flows into the stormwater lagoon is pumped to the complex #1 plant site liftstation which also receives all other wastewater from the processing plant and rendering plant, which is then pumped to the head of the facilities Wastewater treatment plant and is fully treated in the treatment plant. Then the effluent is discharged to outfall 001.

The stormwater lagoon is large enough that the precipitation from most all storm events may be contained entirely. However in the event that the stormwater lagoon overflows, outfall 007 would be the point of discharge of the overflow waters into Parker creek.

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF ENVIRONMENTAL QUALITY  
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY  
(REGIONAL OFFICE)

Tidewater Regional Office  
5636 Southern Boulevard

NAME:	Perdue Farms Incorporated - Accomack				
ADDRESS:	22520 Lankford Highway Accomac, VA 23301				
FACILITY LOCATION:	22520 Lankford Hwy, Accomac, VA 23301				
	VA0003808	003	DISCHARGE NUMBER		
MONITORING PERIOD					
YEAR	MO.	DAY	YEAR	MO.	DAY
2010	01	TO	2010	12	31

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS  
BEFORE COMPLETING THIS FORM.

Parameter	Quantity or Loading			Quality or Concentration			No. EX.	Frequency	Sample Type	Lab Code	
	Average	Maximum	Units	Minimum	Average	Maximum					
FLOW	REPORTD	0.006	0.006	MG	*****	*****	*****	0	1/YR	EST	
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****		1/YR	EST	
PH	REPORTD	*****	*****	6.4	*****	*****	6.4	0	1/YR	GRAB	
PARAM CODE: 002	REQRMNT	*****	*****	NL	*****	*****	NL	SU	1/YR	GRAB	
BOD5	REPORTD	*****	*****	*****	*****	*****	8	0	1/YR	GRAB	
PARAM CODE: 003	REQRMNT	*****	*****	*****	*****	*****	NL	M/G/L	1/YR	GRAB	
TSS	REPORTD	*****	*****	*****	*****	*****	20	M/G/L	0	1/YR	GRAB
PARAM CODE: 004	REQRMNT	*****	*****	*****	*****	*****	NL	M/G/L	1/YR	GRAB	
COLIFORM, FECAL	REPORTD	*****	*****	*****	*****	*****	1600	N/CML	0	1/YR	GRAB
PARAM CODE: 006	REQRMNT	*****	*****	*****	*****	*****	NL	M/G/L	1/YR	GRAB	
PHOSPHORUS, TOTAL (ASP)	REPORTD	*****	*****	*****	*****	*****	0.45	M/G/L	0	1/YR	GRAB
PARAM CODE: 012	REQRMNT	*****	*****	*****	*****	*****	NL	M/G/L	1/YR	GRAB	
TKN (N-KJEL)	REPORTD	*****	*****	*****	*****	*****	0.8	M/G/L	0	1/YR	GRAB
PARAM CODE: 068	REQRMNT	*****	*****	*****	*****	*****	NL	M/G/L	1/YR	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS: Stormwater Event October 20, 2010 Rainfall 0.30 inches  
PARAMETER-SPECIFIC COMMENTS:

TOTAL OCCURRENCES			TOTAL FLOW(M.G.) TOTAL BOD5(K.G.)			OPERATOR IN RESPONSIBLE CHARGE		
0			Randall Rhoades			19100603114		
BYPASSES AND OVERFLOWS								

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 100 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 2 years.)

TYPED OR PRINTED NAME \_\_\_\_\_

CERTIFICATE NUMBER \_\_\_\_\_

TELEPHONE \_\_\_\_\_

PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

YEAR \_\_\_\_\_

MO. \_\_\_\_\_

DAY \_\_\_\_\_

TYPED OR PRINTED NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

757-787-5289

Page 1

**COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF ENVIRONMENTAL QUALITY  
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)**

DEPT. OF ENVIRONMENTAL QUALITY  
(REGIONAL OFFICE)

PERMITTEE NAME/ADDRESS (INCLUDE  
FACILITY NAME/LOCATION IF DIFFERENT)

NAME: Perdue Farms Incorporated - Accomack  
ADDRESS: 22520 Lankford Highway  
Accomac, VA 23301

FACILITY  
LOCATION: 22520 Lankford Hwy, Accomac, VA 23301

VA0003808	003				
PERMIT NUMBER	DISCHARGE NUMBER				
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
2010	01	31	2010	12	31
FROM	TO				

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS  
BEFORE COMPLETING THIS FORM.

Parameter	Quantity or Loading			Quality or Concentration			No. EX. of Analysis	Frequency	Sample Type	Lab Code
	REPORTID	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		
OIL & GREASE	*****	*****	*****	*****	*****	*****	*****	5	0	1/YR
PARAM CODE: 500	*****	*****	*****	*****	*****	*****	*****	MGL	1/YR	GRAB

GENERAL PERMIT REQUIREMENTS OR COMMENTS: Stormwater Event October 20, 2010 Rainfall 0.30 inches  
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE		
				TYPED OR PRINTED NAME	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	CERTIFICATE NUMBER
	0			Randall Rhoades	TELEPHONE 757-757-5289	

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION. THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE IS U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

**COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF ENVIRONMENTAL QUALITY  
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)**

DEPT. OF ENVIRONMENTAL QUALITY  
(REGIONAL OFFICE)

Tidewater Regional Office  
5636 Southern Boulevard  
Virginia Beach, VA 23462

PERMITTEE NAME/ADDRESS (INCLUDE  
FACILITY NAME/LOCATION IF DIFFERENT)

NAME: Perdue Farms Incorporated - Accomack  
ADDRESS: 22520 Larkford Highway  
Accomac, VA 23301

FACILITY LOCATION	22520 Larkford Hwy, Accomac, VA 23301		
FROM	YEAR 2010	MO 01	DAY 31
TO	YEAR 2010	MO 12	DAY 31

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS  
BEFORE COMPLETING THIS FORM.

VA0003808	004
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

Parameter	Quantity or Loading			Quality or Concentration			No. EX.	Frequency of Analysis	Sample Type	Lab Code
	Average	Maximum	Units	Minimum	Average	Maximum				
FLOW	REPORTD	0.006	MG	*****	*****	*****	0	1YR	EST	EST
PARAM CODE: 001	REQRMNT	NL	MG	*****	*****	*****	0	1YR	GRAB	GRAB
PH	REPORTD	NL	MG	*****	*****	*****	0	1YR	GRAB	GRAB
PARAM CODE: 002	REQRMNT	NL	MG	*****	*****	*****	0	1YR	GRAB	GRAB
BOD5	REPORTD	NL	MG	*****	*****	*****	0	1YR	GRAB	GRAB
PARAM CODE: 003	REQRMNT	NL	MG	*****	*****	*****	0	1YR	GRAB	GRAB
TSS	REPORTD	NL	MG	*****	*****	*****	0	1YR	GRAB	GRAB
PARAM CODE: 004	REQRMNT	NL	MG	*****	*****	*****	0	1YR	GRAB	GRAB
COLIFORM, FECAL	REPORTD	NL	MG	*****	*****	*****	0	1YR	GRAB	GRAB
PARAM CODE: 006	REQRMNT	NL	MG	*****	*****	*****	0	1YR	GRAB	GRAB
PHOSPHORUS, TOTAL (ASP)	REPORTD	NL	MG	*****	*****	*****	0	1YR	GRAB	GRAB
PARAM CODE: 012	REQRMNT	NL	MG	*****	*****	*****	0	1YR	GRAB	GRAB
TKN (N-KJEL)	REPORTD	NL	MG	*****	*****	*****	0	1YR	GRAB	GRAB
PARAM CODE: 068	REQRMNT	NL	MG	*****	*****	*****	0	1YR	GRAB	GRAB

GENERAL PERMIT REQUIREMENTS OR COMMENTS:  
PARAMETER-SPECIFIC COMMENTS:  
GENERAL PERMIT REQUIREMENTS OR COMMENTS:  
Stormwater Event October 20, 2010 Rainfall 0.30 inches

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE		
				TYPED OR PRINTED NAME	CERTIFICATE NUMBER	TELEPHONE
0				Randall Rhoades	191003114	757-787-5289

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION. THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

TYPED OR PRINTED NAME	SIGNATURE
YEAR	MO.
DAY	DAY

PERMITTEE NAME/ADDRESS (INCLUDE  
FACILITY NAME/LOCATION IF DIFFERENT)

NAME Perdue Farms Incorporated - Accomack  
ADDRESS 22520 Lankford Highway  
Accomac, VA 23301

FACILITY LOCATION 22520 Lankford Hwy, Accomac, VA 23301

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF ENVIRONMENTAL QUALITY  
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY  
(REGIONAL OFFICE)

Tidewater Regional Office  
5636 Southern Boulevard

Virginia Beach, VA 23462

PERMIT NUMBER	VA0003808	DISCHARGE NUMBER	004
MONITORING PERIOD	YEAR MO DAY		
FROM	2010 01 01	TO	2010 12 31

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS  
BEFORE COMPLETING THIS FORM.

Parameter	Quantity or Loading		Quality or Concentration			No. Ex. of Analysis	Frequency	Sample Type	Lab Code
	Maximum	Average	Minimum	Average	Maximum				
OIL & GREASE	*****	*****	*****	*****	*****	5	0	1/YR	GRAB
PARAM CODE: 500	*****	*****	*****	*****	*****	NU	0	1/YR	GRAB

GENERAL PERMIT REQUIREMENTS OR COMMENTS: Stormwater Event October 26, 2010 Rainfall 0.30 inches  
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	0		

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION. THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWINGLY FURNISHING FALSE INFORMATION. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

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DEPARTMENT OF ENVIRONMENTAL QUALITY  
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)**

DEPT. OF ENVIRONMENTAL QUALITY  
(REGIONAL OFFICE)

Tidewater Regional Office  
5636 Southern Boulevard  
Virginia Beach, VA 23462

Tidewater Regional Office  
5636 Southern Boulevard

PERMITTEE NAME/ADDRESS (INCLUDE  
FACILITY NAME/LOCATION IF DIFFERENT)

NAME  
ADDRESS  
Perdue Farms Incorporated - Accomack  
22520 Lankford Highway  
Accomac, VA 23301

NAME  
ADDRESS  
Perdue Farms Incorporated - Accomack  
22520 Lankford Hwy, Accomac, VA 23301

Virginia Beach, VA 23462

Virginia Beach, VA 23462

VA0003808	007				
PERMIT NUMBER	DISCHARGE NUMBER				
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
2010	01	01	2010	12	31
FROM			TO		

FACILITY  
LOCATION

FACILITY  
LOCATION

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS  
BEFORE COMPLETING THIS FORM.

NO DISCHARGE: X

Parameter	Quantity or Loading			Quality or Concentration			No. EX. OF ANALYSIS	Sample Type	Lab Code
	Average	Maximum	Units	Minimum	Average	Maximum			
FLOW	REPORTD	*****		*****	*****	*****	*****		
PARAM CODE: 001	REQRMT	*****	NL	MG	*****	*****	*****		
PH	REPORTD	*****		*****	*****	*****	*****		
PARAM CODE: 002	REQRMT	*****		NL	*****	*****	SU		
BOD5	REPORTD	*****		*****	*****	*****	*****		
PARAM CODE: 003	REQRMT	*****		*****	*****	*****	MGL		
TSS	REPORTD	*****		*****	*****	*****	*****		
PARAM CODE: 004	REQRMT	*****		*****	*****	*****	MGL		
COLIFORM, FECAL	REPORTD	*****		*****	*****	*****	*****		
PARAM CODE: 006	REQRMT	*****		*****	*****	*****	N/CML		
PHOSPHORUS, TOTAL (ASP)	REPORTD	*****		*****	*****	*****	*****		
PARAM CODE: 012	REQRMT	*****		*****	*****	*****	MGL		
TKN (N-KJEL)	REPORTD	*****		*****	*****	*****	*****		
PARAM CODE: 068	REQRMT	*****		*****	*****	*****	MGL		

GENERAL PERMIT REQUIREMENTS OR COMMENTS: Stormwater Event October 20, 2010 Rainfall 0.30 inches  
PARAMETER-SPECIFIC COMMENTS:

TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE
OVERFLOWS			Randall Rhoades

191003114

TYPED OR PRINTED NAME

PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

757-787-5289

CERTIFICATE NUMBER

TYPED OR PRINTED NAME

SIGNATURE

YEAR

MO.

DAY

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE  
PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM  
DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE  
INFORMATION SUBMITTED. I AM RESPONSIBLE FOR GATHERING THE INFORMATION,  
THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION,  
THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE.  
SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT  
FOR KNOWING VIOLATIONS, SEE U.S.C. & 101 AND 33 U.S.C. & 1319. (Penalties under these statutes  
may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

